

Payment Options

Please select only one option:

Account: _____

- ☐ **Monthly Invoice/Statement** (\$15 Minimum Monthly Fee)
If there is no use during the month, then there is no minimum fee.
If there is any use during month, then the mailed invoice will be at least \$15.00

- ☐ **Credit Card** (No minimum fee)
- ☐ American Express ☐ Discover
- ☐ MasterCard ☐ Visa

Card Number _____ Exp Date _____

Cardholder _____

- ☐ **Direct Debit** (ACH) (No minimum fee)

Bank Name _____

Routing Number _____

Account number _____

(Please pull this information off of a check and not a deposit slip)

Name

Signature

Date

Please mail or fax to:

accessIndiana CivicNet
10 W. Market St. Ste 600
Indianapolis, IN 46204
Fax: 317-233-2011

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Indianapolis, IN 46204-2844
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